CANDIDATE REQUEST FOR POLITICAL BROADCAST INFORMATION OR TIME

Date of Request: _9/26/16_ Time of Request: _3:53PM_

Candidate Name: _ERIN JONES_

Party: _____

Candidate for: _SUPERINTENDENT PUBLIC_ _WASHINGTON_
EDUCATION
(Office) (Location)

Candidate's Authorized Committee: _FRIENDS OF ERIN JONES_

Treasurer of Candidate's Authorized Committee: _ABBOT TAYLOR_

Address: _349 16TH AVE E #302 SEATTLE, WA 98112_

Telephone: _206 218 3108_

Agency for Candidate (if any): _____

Name of Person Requesting Information/Time: _ERIN SCHULTV_

Information Requested: _____

Rates for _KZOK_

Availabilities for _____

Other: _____

Disposition of Request:

_✓_ Accepted ____ Rejected ____ Accepted or Rejected in part (attach explanation)

Rate Charged for Spot: _____

Class of Time Purchased: _____

Air Date and Time (attach a schedule of the advertising or program time provided, if necessary): _____

_____

Rebate Paid (if any): _____

Disclosure Statement Provided by Station: ____ ____ ____
                                          Yes   No   Previously
                                                        provided

BCRA Certificate (for Federal candidates only) Provided: ____ ____ ____
                                                         Yes   No   Previously
                                                                      provided

Other Information: _____

Inquiry Received By: _MICHAEL FASIDANA_

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
Toll Free 1-877-601-2828

Candidate Registration

C1 (1/12)

Candidate's Name (Give candidate's full name.)
Erin Jones

Telephone Number
(360) 433-8922

Candidate's Committee Name (Do not abbreviate.)
Friends of Erin Jones

Fax Number
(   )

Mailing Address
PO Box 23125

Candidate's E-Mail Address
ErinJonesIn2016@gmail.com

City	County	Zip + 4	Campaign E-Mail Address
Seattle	King	98102	ErinJonesIn2016@gmail.com

1. What office are you running for?
Superintendent of Public Instruction

Legislative District, County or City
Public Instruction, Supt of

Position No.
N/A

Do you now hold this office?
Yes ☐   No ☒

2. Political party (if partisan office)
Non-Partisan

3. Date of general or special election
11/8/2016

4. How much do you plan to spend during your entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. If no box is checked you are obligated to use Option II, Full Reporting. See instruction manuals for information about reports required and changing reporting options.

☐ **Option I   MINI REPORTING:** In addition to my filing fee of $_____, I will raise and spend no more than $5,000, including any charges for inclusion in state and local voters pamphlets. I will not accept more than $500 in the aggregate from any contributor except myself.

☒ **Option II   FULL REPORTING:** I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.

5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes _X_ No ___. See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. ☐ Continued on attached sheet.
Abbot Taylor, 349 16th Ave E #302, Seattle, WA 98112

Daytime Telephone Number
(206) 218-3108

6. Persons who perform only ministerial functions on your behalf and on behalf of other candidates or political committees. List name, title and address of these persons. See WAC 390-05-243 and next page for details. ☐ Continued on attached sheet.

Abbot Taylor   349 16th Ave E #302, Seattle, WA 98112   Treasurer

7. Committee Officers and other persons who authorize expenditures or make decisions on your behalf. List name, title and address. See next page for definition of "officer." ☐ Continued on attached sheet.

8. Campaign Bank or Depository
Key Bank

Branch
Capitol Hill

City
Seattle

9. Related or Affiliated Political Committees. List name, address and relationship. ☐ Continued on attached sheet.

10. Campaign books must be open to the public by appointment between 8 a.m. and 8 p.m. during the eight days before the election, except Saturdays, Sundays, and legal holidays. In the space below, provide contact information for scheduling an appointment and the address where the inspection will take place. It is not acceptable to provide a post office box or an out-of-area address.

Street Address, Room Number, City where campaign books will be available for inspection
514 15th Ave E, Seattle, WA 98112

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (206) 218-3108

11. CERTIFICATION:
I certify that this report is true, complete and correct to the best of my knowledge.

Candidate's Signature
[signature]

Date
08/10/15